

| <b>CLAIMS ONLY</b> |          |      |                        |      |                        |      | SERIAL NO.   | FILING DATE |
|--------------------|----------|------|------------------------|------|------------------------|------|--------------|-------------|
|                    |          |      |                        |      |                        |      | APPLICANT(S) |             |
| <b>CLAIMS</b>      |          |      |                        |      |                        |      |              |             |
|                    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |              |             |
|                    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |              |             |
| 1                  | /        |      |                        |      |                        |      |              |             |
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| TOTAL DEP. | 50 | ← |  | ← |  | ← |  |  |
| TOTAL CLAIMS | 54 |  |  |  |  |  |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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